ACR Suggested Reading List

Rheumatoid Arthritis

   a. Initial trial demonstrating value of up-front therapy in early RA.
   a. Recent CIRT trial showed no benefit to MTX for primary prevention of CVD, but what about in RA?
   a. RA should be treated early and aggressively.
   a. JAK inhibitors an oral option for RA, numerically but not significantly better than TNF inhibitors
   a. IL6 inhibition is likely superior to TNF – similar results in ADACTA for tocilizumab
   a. TNF inhibitors are not associated with increased risk for malignancy recurrence
   a. JAK inhibitors with benefit over PLBO – similar results in more recent SELECT-COMPARE study with upadacitinib
   a. In an age of fancy biologics, triple therapy is still an option.

Gout

   a. Febuxostat w/higher rate of cardiovascular events than allopurinol, though no placebo and unclear whether it is better or worse than nothing
    a. Starting allopurinol does not precipitate or prolong acute gout attacks in a cohort with aggressive prophylaxis
    a. Allopurinol is not associated with renal dysfunction
    a. Nice case-control study (almost an oxymoron) demonstrating value of starting low in CKD

If you would like to download the papers themselves, they are available: https://tinyurl.com/y4af7472
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Vasculitis

   - RAVE trial demonstrating non-inferiority of Rituxan vs. Cytoxan in induction for ANCA vasculitis
   - GIACTA trial demonstrating efficacy of IL6 inhibition in giant cell arteritis
   - MAINRITSAN trail demonstrating superiority of Rituxan over Imuran for maintenance of remission in ANCA vasculitis
   - IL5 inhibition works for asthmatic symptoms of EGPA
   - Classic in GCA – indicated that TNF likely not beneficial

Osteoarthritis

   - SPACE RCT demonstrating no benefit of opioid therapy over non-opioid therapy
   - RCT evaluating intraarticular steroid injections in osteoarthritis of the knee
   - Celecoxib noninferior from CVD perspective than nonselectives; lower rates of GIB and renal dx
   - Great review of osteoarthritis – recommend other nature reviews as well

Osteoporosis / Metabolic Bone Disease


Psoriatic Arthritis

   - SEAM study demonstrating etanercept superior to MTX both as combo or monotherapy but that MTX also seems to work reasonably well by itself

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   a. FUTURE2 demonstrating IL17 efficacy in psoriatic arthritis
   a. JAK inhibitors also an option for psoriatic arthritis
   a. As in RA, tight control improves outcomes in psoriatic arthritis

Pediatric Rheumatology

   a. Guidelines for MAS in JIA
   a. Adalimumab effective in uveitis
   a. Helpful guidelines for treatment of JIA

Ankylosing Spondylitis

   a. TNF inhibitors appear to reduce radiographic progression in ankylosing spondylitis
   a. IL17 demonstrated benefit in ankylosing spondylitis

Scleroderma

   a. Case control study suggesting risk of scleroderma renal crisis in patients with scleroderma who receive steroids
   a. SCOT trial demonstrating benefit of stem cell transplant in scleroderma
   a. Modest benefit to skin and pulmonary disease for Cytoxan over placebo

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   a. Mycophenolate mofetil non-inferior to Cytoxan for scleroderma pulmonary disease
   a. Updated recommendations for management of systemic sclerosis.

Lupus

   a. ALMS trial demonstrating noninferiority of mycophenolate mofetil vs. Cytoxan
   a. High rate of flares in patients with SLE who discontinue HCQ
   a. BLISS inhibitor belimumab effective in SLE
   a. A positive ANA does not mean your patient has lupus, even at high titers and even with symptoms
   a. Early study demonstrating possible benefit of IL12/23 for SLE, Phase III coming.
   a. Good review of family planning for SLE
   a. Observational study that touched off controversy regarding: dosing of hydroxychloroquine
   a. Rivaroxaban associated with markedly higher risk of VTE than coumadin in APLS
   a. Classic study on military recruits demonstrating autoantibody formation during pre-clinical phase

Myositis


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a. Rituximab not superior to placebo over 8-week RCT, but most patients benefit in observational phase of trial

  a. New myositis classification criteria

Sjogrens Syndrome

  a. No benefit to HCQ for Sjogrens syndrome in 24 week RCT portion of trial, but some patients improved after unblinding

Miscellany

  a. Triple therapy associated with greater survival in catastrophic antiphospholipid syndrome

  a. Increasing prevalence of rheumatologic disease and decrease in providers may cause shortage

  a. Many ACR guidelines based on low quality evidence, but similar to other specialties

  a. Certolizumab safe in pregnancy

  a. Partial meniscectomy no better than sham surgery for meniscal tears

  a. The BEE syndromes! Good review of neuro presentations in our realm

  a. Old school article with a good review of NPV, PPV, and likelihood ratios

  a. CSI for shoulder impingement is not beneficial

  a. Old school, common problem.

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